



**CITY OF DUNWOODY BUSINESS TAX OFFICE**  
**RENEWAL APPLICATION FORM FOR THE YEAR 2009 (Revised 5.20.09)**

Mail To: 41 Perimeter Center East Ste 250 Dunwoody, GA 30346

Office: (678) 382-6700 / Fax: (678) 382-6701

[www.dunwoodyga.gov](http://www.dunwoodyga.gov)

**FAILURE TO FILE APPLICATION BY MARCH 15th IS A VIOLATION OF THE CITY OF  
DUNWOODY CODE CHAPTER 15.**

Name of Business: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Tax Class: \_\_\_\_\_ Account/Tax ID No: \_\_\_\_\_

Corporation                      LLC                      Sole Proprietorship  
Other

Business Telephone: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mail-to Address: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Corporation Telephone: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

Email: \_\_\_\_\_

**OWNER/MANAGER IS RESPONSIBLE FOR REPORTING ALL CHANGES TO YOUR BUSINESS**

Renewal                      Final                      Sold  
Closed

The lines below may be left blank if choosing the practitioner's fee. Out of state businesses with no Georgia locations must report City of Dunwoody revenue only. All businesses are subject to Audit.

		REVENUES	NUMBER OF EMPLOYEES
A	FEE YEAR: <b>2009</b>	ESTIMATED GROSS REVENUE: \$	#:
B	I ELECT THE PRACTITIONER FEE OF \$400 PER PRACTITIONER FOR 2009. Indicate # of Practitioners: ____		

If final/closed, enter actual gross revenue and employees here: \_\_\_\_\_ Date sold/closed: \_\_\_\_\_

Gross Revenue: \$\_\_\_\_\_ Number of Employees: \_\_\_\_\_

<b>CHANGES:</b>	Please list any changes to business name, physical location, and mailing address.	
A	Business Name Changed To:	
B	Location Changed To:	
C	New Mail-to Address:	

**PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

**CERTIFICATION** - THE INFORMATION HEREIN IS REQUIRED BY SECTION 15-1 CODE OF ORDINANCES OF THE CITY OF DUNWOODY, GEORGIA. I (NAME) \_\_\_\_\_ BEING THE (TITLE) \_\_\_\_\_ OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY OF (TYPE OF BUSINESS) \_\_\_\_\_.

Phone/Fax \_\_\_\_\_/\_\_\_\_\_

According to the classification index of the occupational tax ordinance of the City of Dunwoody, Georgia; the undersigned certifies that he/she is the person knowledgeable and duly authorized by the business herein named to file this registration and application for an occupational license, including any accompanying schedules and statements, and that the same are true and accurate.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

GENERAL TAX INFORMATION				
TAX CLASS	REGISTRATION FEE	FLAT RATE \$0-\$10,000	TAX RATE	EMPLOYEE RATE \$4.00-\$14.00
1	\$75.00	\$50.00	\$0.00018	\$4.00
2	\$75.00	\$50.00	\$0.00030	\$6.00
3	\$75.00	\$50.00	\$0.00042	\$8.00
4	\$75.00	\$50.00	\$0.00054	\$10.00
5	\$75.00	\$50.00	\$0.00062	\$12.00
6	\$75.00	\$50.00	\$0.00078	\$14.00
Practitioner	\$75.00	\$325.00	N/A	N/A

OCCUPATIONAL TAX CERTIFICATES (BUSINESS LICENSES) ARE NOT TRANSFERABLE and must be finalized if the business is sold or closed.

If you finalize (close) your business in the City of Dunwoody, you are required to report the actual dollar volume generated in GEORGIA at the City of Dunwoody location prior to closing. All fees & taxes outstanding prior to move or sale shall remain due and payable by the business and/or owner(s).

**\*Employee** means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such an individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form W-2 but not an IRS from 1099.

### NOTICE

**ALL BUSINESSES ARE SUBJECT TO AUDIT BY THE CITY OF DUNWOODY FINANCE DEPARTMENT IN ACCORDANCE WITH CITY ORDINANCE CHAPTER 15.**

IT IS YOUR RESPONSIBILITY TO BE AWARE OF, AND TO COMPLY WITH RENEWAL PROCEDURES AND ZONING REQUIREMENTS. BUSINESS NOT FILING BY **APRIL 15** WILL BE IN VIOLATION OF CITY CODE AND SUBJECT TO ADDITIONAL PENALTIES, INTEREST, CITATIONS, AND FEES.

<b>Please complete the calculation worksheet. Statements will not be mailed.</b>		
<b>BUSINESS TAX CALCULATION WORKSHEET</b>		
		<b>COLUMN A</b>
6	Revenue Base (Current Year Estimate reported)	\$
7	Less standard deduction if estimate >\$20,000	(\$20,000)
8	Subtotal	\$
9	Renewal Tax (A8 multiplied by Tax Rate)	\$
10	Flat rate	\$50.00
11	Employee Fee (No. of employees x employee rate)	
12	Renewal license fee (Column A9 + A10 + A11)	\$
13	Administration/Annual Registration Fee	\$75.00
14	Total Adjustment (Column A12 + A13)	\$
<b>TOTAL AMOUNT DUE</b>		<b>\$</b>

(Failure to receive an application notification does not relieve a business of the tax obligation noted herewith)

**All Fees are due and payable by March 15<sup>th</sup>.**

This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this

application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all county ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_